Report Date: 02 Feb 2013

Summary Report for Individual Task
081-833-0075
Perform a Needle Chest Decompression
Status: Approved

Condition: You have a casualty with penetrating chest trauma with an occlusive dressing in place. You will need a 14 gauge, 3 1/4 inch needle catheter, povidone-iodine swab, alcohol swabs, tape 2 inches or greater, pen and a DD Form 1380 Field Medical Card (FMC). You have taken body substance isolation precautions and you are not in a CBRN environment.

Standard: Perform a needle chest decompression without causing unnecessary injury to the casualty.

Special Condition: None

Special Standards: None

Special Equipment:

Safety Level: Medium

MOPP:

Task Statements

Cue: None

DANGER

None

WARNING

None

CAUTION

None

Remarks: None

Notes: Pneumothorax is defined as the presence of air within the pleural space. Air may enter the pleural cavity either from the lungs through a rupture, laceration, or from the outside through a sucking chest wound. Trapped air in the pleural space compresses the lung beneath it. Unrelieved pressure will push the contents of the mediastinum in the opposite direction, away from the side of the tension pneumothorax. This, in turn, will compromise venous return to the heart and interfere with respiration.

Performance Steps

1. Verify the presence of a tension pneumothorax.

Note: Any casualty with penetrating torso trauma with increased respiratory distress, will be treated as if he has a tension pneumothorax.

2. Locate the insertion site. Locate the second intercostal space (between the second and third ribs) at the midclavicular line (approximately in line with the nipple) on the affected side of the patient's chest.

3. Thoroughly cleanse a 3 to 4 inch area around the insertion site. Begin in the center and work outward using a circular motion.

4. Insert a 3 1/4 inch, 14 gauge needle over the top of the rib at a 90 degree angle to the chest wall, to the hub.

5. Remove the needle, leaving the catheter in place.

6. Stabilize the catheter hub to the chest with tape.

7. Place the casualty in a sitting position or in the recovery position with injured side down.

8. Record the treatment on the Field Medical Card.

9. Continue monitoring casualty by reassessment of reoccurrence of respiratory distress.

(Asterisks indicates a leader performance step.)

Evaluation Preparation: Setup: For training and evaluation, use a mannequin or have another Soldier act as the casualty. Under no circumstances will the needle be inserted . Have the Soldier demonstrate and explain what he would do.

PERFORMANCE MEASURES	GO	NO-GO	N/A
1. Verified the presence of tension pneumothorax.			
2. Located the insertion site.			
3. Cleansed a 3-4 inch area around the insertion site.			
4. Inserted a 3 1/4 inch, 14 gauge needle over the top of the rib at a 90 degree angle to the chest wall, to the hub.			
5. Removed the needle, leaving the catheter in place.			
6. Stabilized the catheter hub to the chest with tape.			
7. Placed the casualty in a sitting position or in the recovery position, injured side down.			
8. Recorded the treatment on the Field Medical Card.			
9. Continued monitoring casualty by reassessment of reoccurrence of respiratory distress.			

Supporting Reference(s):

Step Number	Reference ID	Reference Name	Required	Primary
	0-323-06503-0	PHTLS Prehospital Trauma Life Support, Military 7th edition	No	No
	DD FORM 1380	US Field Medical Card	Yes	No

Environment: Environmental protection is not just the law but the right thing to do. It is a continual process and starts with deliberate planning. Always be alert to ways to protect our environment during training and missions. In doing so, you will contribute to the sustainment of our training resources while protecting people and the environment from harmful effects. Refer to FM 3-34.5 Environmental Considerations and GTA 05-08-002 ENVIRONMENTAL-RELATED RISK

ASSESSMENT.

Safety: In a training environment, leaders must perform a risk assessment in accordance with FM 5-19, Composite Risk Management. Leaders will complete a DA Form 7566 COMPOSITE RISK MANAGEMENT WORKSHEET during the planning and completion of each task and sub-task by assessing mission, enemy, terrain and weather, troops and support available-time available and civil considerations, (METT-TC). Note: During MOPP training, leaders must ensure personnel are monitored for potential heat injury. Local policies and procedures must be followed during times of increased heat category in order to avoid heat related injury. Consider the MOPP work/rest cycles and water replacement guidelines IAW FM 3-11.4, NBC Protection, FM 3-11.5, CBRN Decontamination. In a training environment, leaders must perform a risk assessment in accordance with FM 5-19, Composite Risk Management. Leaders will complete a DA Form 7566 COMPOSITE RISK MANAGEMENT WORKSHEET during the planning and completion of each task and sub-task by assessing mission, enemy, terrain and weather, troops and support available-time available and civil considerations, (METT-TC). Note: During MOPP training, leaders must ensure personnel are monitored for potential heat injury. Local policies and procedures must be followed during times of increased heat category in order to avoid heat related injury. Consider the MOPP work/rest cycles and water replacement guidelines IAW FM 3-11.4, NBC Protection, FM 3-11.5, CBRN Decontamination.

Prerequisite Individual Tasks : None

Supporting Individual Tasks : None

Supported Individual Tasks :

Task Number	Title	Proponent	Status
081-833-0030	Initiate Treatment for an Open Chest Injury	081 - Medical (Individual)	Approved

Supported Collective Tasks : None

ICTL Data :

ICTL Title	Personnel Type	MOS Data
68W - Health Care Specialist - SL1	Enlisted	MOS: 68W, Skill Level: SL1